

# DO/ EO WORKSHEET

Virginia Irby, Patent Application Specialist/ National Stage Division

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## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

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| <input type="checkbox"/> Article 19 Amendments   | <input checked="" type="checkbox"/> Request form PCT/RO/101  |
| <input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report : <input checked="" type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> NONE |
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| <input type="checkbox"/> PCT/IPEA/409 or PCT/ISA/237 was NOT AVAILABLE at the time of paralegal review   | <input checked="" type="checkbox"/> Priority Document was NOT AVAILABLE at the time of paralegal review  |
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| <input checked="" type="checkbox"/> <u>10</u> Description <input checked="" type="checkbox"/> <u>4</u> Claims <input checked="" type="checkbox"/> Abstract   | <input type="checkbox"/> Information Disclosure Statement(s) Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____            |
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| <input type="checkbox"/> Translation of Article 19 Amendments<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> replaced by Article 34 Amendment | <input type="checkbox"/> Assignee Statement Under 37 CFR 3.73(b)   |
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| <input type="checkbox"/> Change of Address   | <input type="checkbox"/> Oath/ Declaration (executed)  |
|  | <input type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other          |
|  | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing  |
|  | <input type="checkbox"/> Other : _____   |

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Date Acceptable Oath/Declaration Received

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